

**Boys & Girls Clubs  
of Greater Dallas  
CLUB MEMBERSHIP APPLICATION**



•ANY QUESTIONS LEFT BLANK INTENTIONALLY WILL PROHIBIT MEMBERSHIP ACCEPTANCE•

Branch \_\_\_\_\_

Member No. \_\_\_\_\_

Application Date _____	New or Returning Member?	<input type="checkbox"/> New	<input type="checkbox"/> Returning
Race: <input type="checkbox"/> Caucasian	<input type="checkbox"/> African Amer.	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian
<input type="checkbox"/> Mixed	<input type="checkbox"/> Other		

Name _____	Age _____	Date of Birth _____
Address _____	Apt. No. _____	Contact Number _____
City _____	State _____	Zip Code _____ Sex _____
School Attending _____	Current Grade _____	Can Swim? _____
School Address _____		

Do you live with your:

- Mother     Father     Foster Parents     Both Parents  
 Stepmother     Stepfather     Grandparent     Other (specify) aunt, uncle, etc.

Is the parent/guardian of this child an ACTIVE member of the military? \_\_\_\_\_ Yes \_\_\_\_\_ No

Father's Name \_\_\_\_\_ Employed? Yes / No Work/Cell Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employed? Yes / No Work/Cell Phone # \_\_\_\_\_

Legal Guardian's Name \_\_\_\_\_ Employed? Yes / No Work/Cell Phone # \_\_\_\_\_

Relation to Member \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Family Doctor _____	Address _____
Phone _____	
<b>IN CASE OF EMERGENCY, CONTACT:</b>	
(Relative or Friend, Not Parent/Guardian)	Phone _____
Relation to Member _____	
Address of Emergency Contact _____	
<b>Does this applicant have any Health Problems?</b> _____	
Allergies? _____	
<b>This health condition restricts my child from the following activities:</b> _____	
_____	

Reason for joining:  Tutoring  Homework  Sports  It's a safe place to learn & have fun.  
Help

**How did you hear about the Boys & Girls Clubs of Greater Dallas?** (Circle One)  
Flyer                      PTA                      Media                      Phone Bank

School Personnel      Church                      Community Block Party      Friends

Word of Mouth      Other \_\_\_\_\_ (Please Specify)

**BOYS & GIRLS CLUBS PERMISSION AND ACKNOWLEDGMENTS**

Your child has applied for a membership at the Boys & Girls Clubs of Greater Dallas ("Club"). To help us better serve you and your child, please do the following:

- 1) Read this form in its entirety and explain it to your child.
- 2) Supply the information requested.
- 3) Sign this form and return it to the Club facility your child will be attending.

I hereby grant permission for \_\_\_\_\_ [child's name] to participate in program activities at the Club. I understand that some of these activities involve sports and field trips, and may take place away from the Club facility. Each time there is a scheduled trip off facility property, I must fill out a Field Trip Permission Form for each instance, water or otherwise. I understand that activities will be supervised by the Club's staff, but supervision cannot guarantee my child's safety while he/she participates in these activities. I further understand that some of these activities are potentially dangerous and that the Club cannot, and does not, provide any assurance that my child will not be injured while participating in any activities.

In signing this, I am fully aware that the Boys & Girls Clubs of Greater Dallas program is **NOT** a licensed child care facility and is **NOT** regulated by the state.

I also grant permission for my child to walk to the Club from school alone or with a sibling under the age of 18.

By signing this form, I consent to and authorize the use and reproduction by, or as authorized by, the Club, of any and all photographs, videotape, or social media outlets which the Club may take of my child, for any legal purpose whatsoever without any compensation to me or my child. All negatives and positives, together with all prints involving such photographs and any videotape, shall constitute the sole and exclusive property of the club. Also, some information, demographic and otherwise, may be shared with representatives of Boys & Girls Clubs of Greater Dallas and with Boys & Girls Clubs of America.

In executing this form I hereby release the Club, its members, employees, and staff, from any and all claims and causes of action, whether in law or in equity, which may at any time exist as a result of my child's membership in the Club and his/her participation in Club activities.

\_\_\_\_\_(Initial Here) By Initialing here I affirm that my child's shot records are kept on file at his/her school located on the front of this form.

In executing this form I also agree in the event of emergency illness or accident that a licensed medical doctor shall be authorized to administer medical or surgical treatment deemed necessary for the health or well being of my child. I understand that I will be financially responsible for such care given to my child, and that all reasonable efforts will be made to contact the doctor whose name appears on application before contacting another doctor to treat my child. Boys & Girls Clubs of Greater Dallas reserves the right to deny entry if any member exhibits signs of contagious disease. **Parents are responsible for informing club authorized personnel about health problem and/or concerns.**

By signing this, I acknowledge that I have read and agree with Boys & Girls Clubs of Greater Dallas Permission and Acknowledgements listed above.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## PICK UP INFORMATION

How will the child get to the Club? *Circle All that Apply*

BGCD Bus/Van      School Bus      Walk      Parent Drop Off      Other(explain)\_\_\_\_\_

### WHEN LEAVING THE CLUB, MEMBERS MUST SIGN OUT.

Members below the age of 14 may only be released to individuals designated below. If staff do not recognize those picking up members, they may ask for Photo ID (Driver's License) or have a photo kept on file.

THIS CHILD IS TO ONLY BE RELEASED TO THE FOLLOWING INDIVIDUALS:

NAME	CONTACT NUMBER	Identification Number (Driver's License#)

**As the Parent or Legal Guardian, I agree that I must attend a mandatory parent orientation or request a Handbook outlining membership expectations and parental obligations.**

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

I promise to take care of my Club and property. If at any time I am asked to return my card, I understand no dues will be returned to me.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

**In accordance with Federal law, this organization does not discriminate on the basis of age, race, color, gender, disability or national origin.**





### Parent Consent and Release of Liability

I do hereby give the staff of *Boys & Girls Clubs of Greater Dallas* (BGCD) my full permission to request my child's most current TAKS Scores/TAKS Growth Profile and Six Weeks Report Cards. This is with the understanding that this data will be used by BGCD to establish an action plan to support the academic needs of my child and to measure his/her progress over the course of the school year. BGCD offers an after-school program, Project Learn, in which my child is actively engaged. Through this program, my child participates in high yield learning activities and tutoring, when needed. While all members engage in educational activities, they also participate in the homework assistance program called Power Hour. It is understood that the representatives of Boys & Girls Clubs of Greater Dallas and representatives of Boys & Girls Clubs of America may use this data to further measure the academic gains of its members as a whole.

I am fully aware that I will not receive monetary compensation for my child's participation in the BGCD programs. Additionally, in no event is BGCD obligated to provide any programs and is not guaranteeing any results from its programs.

I further release and relieve Boys & Girls Clubs of Greater Dallas and its Board of Directors, agents, employees and other representatives from any liabilities, known or unknown, arising out of the use of this data.

I certify that I have read this Parent Consent and Release of Liability and fully understand its terms and conditions. I understand that the opportunity to participate in the After-School program, Project Learn, is given by Boys & Girls Clubs of Greater Dallas contingent upon my execution of this Parent Consent and Release of Liability. I have full legal capacity to sign this Consent and Release for my child.

\_\_\_\_\_  
Signature of Custodial Parent or Guardian

\_\_\_\_\_  
Student's Name (please print)

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Student's School ID #

\_\_\_\_\_  
School District Attended by Student

\_\_\_\_\_  
School Attended by Student

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Boys & Girls Club of which student is a Member

\_\_\_\_\_  
Date Signed

**I DO NOT GIVE PERMISSION TO RELEASE MY CHILD'S TAKS SCORES/TAKS GROWTH PROFILES and/or SIX WEEK'S REPORT CARDS.**

\_\_\_\_\_  
**Signature of Custodial Parent or Guardian      Date**